

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	NAME	NAME	DATE
FEE DETERMINATION	N	7/15/00	06-7-00
O.I.P.E. CLASSIFIER		4/3	4/14/00
FORMALITY REVIEW	Dm	12223	6/20/00
RESPONSE FORMALITY REVIEW			10/19/00

Best Available Copy

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 + Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	
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If more than 150 claims or 10 actions
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10/19/00 PTO

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Form PTO
(Rev. 6/9)